

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-619-985**

FILING DATE **07-15-03**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
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TOTAL IND.	14													
TOTAL DEP.	20													
TOTAL CLAIMS	34													